



Preferred Language To Use When Talking About Suicide

In order to reduce the stigma associated with suicide and to be sensitive to family members and communities grieving a death by suicide of a loved one, the following language should be used when talking about suicide:

"Survivors" are people who have lost a loved one, family member, or friend to suicide.

Terms such as **"committed suicide"** or **"completed suicide"** should not be used. The word **commit** presents a particular problem since it is also used for criminal offences such as murder and homicide. Suicide is not a criminal act. Terms such as **"death by suicide"**, **"died by suicide"** or **"took his/her own life"** more accurately describe the reality.

The term **"successful"** should not be used to describe a suicide death - every suicide is a tragedy. Likewise, to describe a suicide attempt that does not result in death as a **"failure"** is also misleading. **"Completed suicide"** also suggests a successful attempt. It is appropriate to say **"fatal,"** as in **"suicide fatality"** or **"fatal or non-fatal suicide attempt"**.

The phrase **"suicide is a permanent solution to a temporary problem"** should be avoided as it minimizes and negates the feelings of a person in pain who does not feel that his/her problem is temporary. Our message should be **"suicide is not a solution"** to emphasize that suicide is a permanent solution and is as likely to be unhelpful - or even harmful or deadly - as it is to be helpful.

Changing the language used to describe suicide is difficult but extremely important in reducing the stigma and barriers to supporting survivors through the tragedy of a death by suicide.

Abridged from Franklin Cook SPNAC Editor's blog on March 5 2010 <http://suicidepreventioncommunity.wordpress.com/about/>
and What's in a Word? The Language of Suicide... Posted on June 10, 2010 <http://www.teensuicideprevention.org/blog/>



Glossary of Terms

Best Practices: activities or programs that are in keeping with the best available evidence regarding what is effective.

Comprehensive suicide prevention plan: plans that use a multi-faceted approach to addressing the problem; for example, including interventions targeting bio-psychosocial, social and environmental factors.

Contagion: a phenomenon whereby susceptible persons are influenced towards suicidal behavior through knowledge of another person's suicidal acts.

Epidemiology: the study of statistics and trends in health and disease across communities.

Evidence-based: programs that have undergone scientific evaluation and have proven to be effective

Gatekeepers: those individuals in a community who have face-to-face contact with large numbers of community members as part of their usual routine; they may be trained to identify persons at risk of suicide and refer them to treatment or supporting services as appropriate.

Intervention: a strategy or approach that is intended to prevent an outcome or to alter the course of an existing condition (such as providing lithium for bipolar disorder or strengthening social support in a community).

Mental Health: the capacity of individuals to interact with one another and the environment in ways that promote subjective well-being, optimal development and use of mental abilities (cognitive, affective and relational).

Postvention: a strategy or approach that is implemented after a crisis or traumatic event has occurred.

Protective Factors: factors that make it less likely that individuals will develop a disorder; protective factors may encompass biological, psychological or social factors in the individual, family and environment.

Public Health Approach: the systematic approach using five basic evidence-based steps, which are applicable to any health problem that threatens substantial portions of a group or population. The five steps include defining the problem, identifying causes, developing and testing interventions, implementing interventions and evaluating interventions.

Resilience: capacities within a person that promote positive outcomes, such as mental health and well-being, and provide protection from factors that might otherwise place that person at risk for adverse health outcomes.



Risk Factors: those factors that make it more likely that individuals will develop a disorder; risk factors may encompass biological, psychological or social factors in the individual, family and environment.

Screening: administration of an assessment tool to identify persons in need of more in-depth evaluation or treatment.

Sociocultural Approach: an approach to suicide prevention that attempts to affect the society at large or particular subcultures within it, to reduce the likelihood of suicide (such as adult-youth mentoring programs designed to improve the well-being of youth).

Stigma: an object, idea, or label associated with disgrace or reproach.

Suicide Act (also referred to as suicide attempt): a potentially self-injurious behavior for which there is evidence that the person probably intended to kill himself or herself; a suicidal act may result in death, injuries, or no injuries.

Suicidal ideation: self-reported thoughts of engaging in suicide-related behavior.

Survivors: family members, significant others, or acquaintances who have experienced the loss of a loved one due to suicide; sometimes this term is also used to mean suicide attempt survivors.

Suicide Attempt Survivors: individuals who have survived a prior suicide attempt.

This glossary was abridged from one published by Suicide Prevention Resource Center and taken from the *National Strategy for Suicide Prevention: Goals and Objectives for Action*. Rockville MD: U.S. Department of Health and Human Services, Public Health Services, 2001.